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Bib Data Sheet

CONFIRMATION NO. 3014

SERIAL NUMBER 10/790,133	FILING OR 371(c) DATE 03/02/2004 RULE	CLASS 606	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. 2004-0329A
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APPLICANTS

Henri Julien Ronsse, Saint-Hilaire St-Mesmin, FRANCE;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

FRANCE 0302567 03/03/2003

MTA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
05/19/2004**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>MT Anderson</u> Examiner's Signature	<u>MTA</u> Initials			

ADDRESS

000513

TITLE

Device for performing anastomoses

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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